



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 416-325-9297
1-866-311-8002

Téléphone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection November 17, 18, 2010	Inspection No/ d'inspection 2010_178_2945_17Nov105958	Type of Inspection/Genre d'inspection Complaint T-2423, T-2442
Licensee/Titulaire 2063414 Ontario Limited as General Partner of 2013414 Investment LP, 302 Town Centre Blvd, Suite 200, Toronto Ontario, L3R 0E8, Fax:905-415-7623		
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Caregiving Centre-Vaughan		
Name of Inspector/Nom de l'inspecteur Susan Lui, # 199		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with: Director of Care, Assistant Director of Care, Registered staff, personal support workers.</p> <p>During the course of the inspection, the inspector: reviewed resident records, reviewed Home policies and procedures, inspected a shower room.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Hospitalization and Death, Falls Prevention</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN</p>		



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, s6(10)(c).

The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, care set out in the plan has not been effective.

Findings:

The plan of care for an identified resident was not revised after the care set out in the plan was ineffective.

WN #2: The Licensee has failed to comply with Reg. 79/10, s. 26(3)19.

A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Safety risks.

Findings:

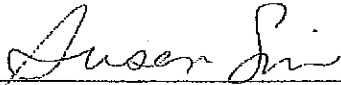
An identified resident's plan of care did not adequately address the safety risks inherent in showering a resident with unpredictable cognition and behaviours.



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

Inspection Report
under the *Long-
Term Care Homes
Act, 2007*

Rapport
d'inspection prévue
le *Loi de 2007 les
foyers de soins de
longue durée*

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
		
Title:	Date:	Date of Report: (if different from date(s) of inspection).
		<i>Dec. 16, 2010</i>